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NOTES

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NON-SURGICAL TREATMENT

OF

BOILS, CARBUNCLES, and FELONS.

BY L. DUNCAN BULKLEY, A.M., M.D.

PHYSICIAN TO THE NEW YORK SKIN AND CANCER HOSPITAL, CON-  
SULTING PHYSICIAN TO THE NEW YORK HOSPITAL, ETC.

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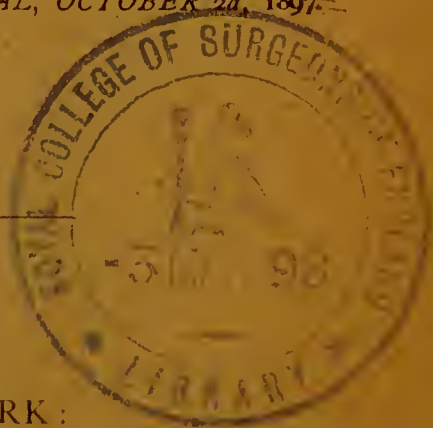
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## ON THE NON-SURGICAL TREATMENT OF BOILS, CARBUNCLES AND FELONS.\*

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The knife has long been associated in the minds both of the profession and laity with the treatment of boils, carbuncles, and felons, and incision is the recognized treatment on all sides. Poultices are also commonly employed, although perhaps less frequently than formerly. The object of the present paper is to detail the treatment of the writer, who for ten years and more has abandoned both poultices and the knife, and in a large series of cases has had results which seem to warrant bringing the matter forward. I am aware that the views advocated will be open to criticism; but having for so long a time followed the plan of treatment to be outlined, I feel confident that others will observe the same results, if all the details are carefully and intelligently carried out.

I may add that the principles here put forth were presented by the author ten years ago, before the American Medical Association, and have received abundant confirmation in personal communications from many physicians in this country and abroad.

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\* Read before the Skin Section of the British Medical Association, Montreal, Sept. 1st, 1897.



It is needless to discuss in this presence the modern views in regard to the causes of the formation of pus: it will be granted by all, I think, that the pyogenic organisms, principally the staphylococci (aureus and albus), are essential features of suppuration. But opinions are beginning to divide in regard to the true pathogenesis of many conditions which were regarded as understood some years ago. It is now recognized that the micro-organisms of disease are almost universally present, and those associated with the production of pus are spoken of by one writer as "normally present on the skin," even when there is no suppurative disease present.

Attention is thus being turned again to the underlying causes which pre-dispose or prepare the tissues for the operation of the pyogenic elements. Bouchard \* puts it so strongly that I cannot forbear quoting. "The physician," says he, "ought not to allow himself to be absorbed alone in the research after a microbe. He ought to occupy himself with the infectious agent; but he ought also to retain a good deal of his anxiety for the study and research of circumstances which disarm the organism against the invasion of the agent. When the physician shall be in possession of this double knowledge, that many diseases are produced by microbes, and that these can only act by means of a deterioration of the health, resulting from various pathogenic processes, he will recognize that the new discoveries contain nothing subversive, and that the lessons taught by ancient medical observers are not compromised: He will know that the part he has to play is still the same to-day as it was twenty years ago, and that while seeking the means of combating microbes he ought and he always will be obliged to sustain the forces of the organism and make good its defense, inspiring himself constantly with this truth, namely, before

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\* Bouchard. Lectures on Auto-intoxication in Disease Phil 1896; p. 9.



every illness there is a disturbance in life—for nutrition is life.”

I should like to quote much more from this close observer and interesting writer, for it follows along so well with what I have felt and taught for many years, but must hasten to the practical matters under consideration.

Granted the pyrogenous powers of the micro-organisms, my position is that their powers are temporary, and limited by their own nature and the condition of the tissues in which they are found. Witness the different results attending superficial wounds in different individuals; and also in the same individual at different times. In some persons, a scratch or bruise will readily take on suppurative action, while in another it tends to heal in the kindest manner possible, with little or no pus. The same is seen in the same patient at different times, and there is certainly some measure of truth in the common remark that “one’s blood must be in a bad condition,” because of the occurrence of suppurative areas with slight injury: I am confident that in my own person there is a constant difference in this regard, from time to time. The same may be observed constantly in practice in connection with eczema and many skin lesions. Thus, although the pus bacilli are undoubtedly everywhere present and at all times ready to lodge and do their work, if the soil is proper, yet in comparatively few instances is suppuration set up. This is only in accordance with what is continually observed in the prodigality of nature, where, of the masses of pollen produced only an exceedingly small proportion ever fructifies; and of the millions of seeds developed relatively few reproduce the species, and these only when the soil and other conditions are favorable.

I may be pardoned for thus dwelling on what is tacitly admitted on all sides, perhaps by every one, theoretically,

For, practically, it seems to be forgotten or overlooked by many in the treatment of the conditions which form the subject of this paper. While it is continually granted that attention should be paid to the general condition, of patients with these affections, I find that as a matter of fact very little is generally done. There is commonly so much regard given to the local trouble that there is not the careful investigation of the general condition and direction of the patient's life which will lead to the raising of the vital forces above the pus producing stage. The yielding of one or more points to the attacks of the pus parasite too often attracts attention from the weakened system and debilitated tissues, which may allow of many more successful attacks, as commonly happens in the case of boils.

My first point, then, is to urge that the occurrence of these suppurative processes should always and more forcibly be regarded as evidences of faulty metabolism, and a more serious search be made to discover and rectify what is wrong. For many years the occurrence of boils has been more or less connected in the professional mind with the presence of glycosuria; but, in my experience, while this latter is relatively seldom found, certainly not in a marked degree, there are not infrequently other disturbances of liver or kidney action which appear to be thus connected. The acknowledged fact that glycosuria predisposes to boils and carbuncles is a strong argument in favor of the constitutional aspect of the subject under consideration, namely, that there are other conditions, not yet fully identified, which may make the organism more liable to the attacks of micro-organisms.

Patients with boils, carbuncles and felons are never in perfect health, although it is sometimes difficult to discover exactly on what particular departure from health the trouble depends; patient investigation, however, will

generally afford the line upon which successful treatment will rest. Iron is most commonly needed, but quite as often there will be digestive and assimilative difficulties also to be overcome. Sometimes the cause lies only in overwork and worry, often in dissipation, though of a relatively harmless kind, involving late hours and irregular eating. I cannot help dwelling as strongly as possible on this constitutional aspect of the question, for in this I find myself at variance with much that is taught even in the best modern text books. In them this aspect appears to be regarded apparently as of relatively minor importance, compared to the local treatment, whereas I regard it as of the first importance, as compared to the relatively simple local treatment, about to be described, which I have found thoroughly satisfactory.

The combination of iron which I have most commonly used in the affections is one which is known to us as Startin's mixture, somewhat according to the following formula :

*R.*—Ferri sulphatis, ʒ j.  
 Magnesiae sulphatis, ʒ vj.  
 Acidi sulphurici dil, ʒ iv.  
 Sy. zinziberis, ʒ iv.  
 Aquae, ad ʒ iij.

*M.*—Teaspoonful in water, through a tube, after meals.

Unless there is some counter indication I generally begin treatment also with a good mercurial purge: *R.*—Massæ hydrargyri, Extract. colocynth. co. aa gr. x, Pulv. ipecac gr. ii, M. Div. in pil. No. iv. Take two at night and two on the second night after. These four pills are generally repeated at the end of a week, and perhaps in other successive weeks.

Sulphide of calcium, if a perfectly good and fresh article, and properly used, has, in my experience, a very decided controlling effect over the process of suppuration.

I always give it in gelatin coated pills, which I test myself, for occasionally the drug will be found quite ineffective, from having changed to the sulphate of lime or gypsum. To be efficient it should be given freely, one-quarter grain every two hours, say eight or ten doses during the day: this in connection with the iron tonic.

With these measures and a most careful attention to the diet and mode of life, including total abstinence from alcoholic or fermented liquors, the tendency to the suppurative process may generally be quickly overcome, as I have observed almost daily for many years.

The local treatment of the diseases under consideration which I have found very satisfactory differs materially from that commonly laid down, but can be briefly described. We will consider each affection separately.

*1. Furunculi.* The objects aimed at by the treatment are, first, soothing and protecting an inflamed area; second, exclusion of air; and, third, a slight antiseptic action. For this purpose a moderately thick layer of absorbent cotton is taken, several times the size of the inflamed surface: for a medium sized boil a piece one by two inches, with the fibres running the long way. Upon the center of the cotton a considerable mass of the following ointment is spread by means of a spatula, and this is then laid over the boil, and held in place by strips of adhesive plaster across the ends, but not passing over the boil, as is commonly practiced. The ointment referred to is generally composed about as follows:

*R.*—Acidi carbolici, gr. v-x.  
 Extr. ergotæ, fl'd ʒ i-ʒ ij.  
 Pulvis amyli, ʒ ij.  
 Zinci oxidi, ʒ ij  
 Unguent. aquæ rosæ, ʒ ij.

*M.*—et ft. unguent.



The relief often given by this dressing is very marked: the ointment soothes and protects the irritated surface, while the layers of cotton take up any outside friction. If comfortable, and unless disturbed, this dressing remains untouched twelve or more hours, when it is removed and a freshly spread piece immediately reapplied. If there has been any discharge the surface may be very gently cleansed with absorbent cotton, but I do not allow any squeezing. In many instances, with proper internal and general treatment the boil aborts, and subsides without discharging; when this does not happen it ruptures spontaneously in a relatively short time, and I practically never find it necessary to incise it.

This treatment I use in all stages of boils, keeping the ointment on until the boil is quite healed. If other boils form I direct it to be applied early, and by this means they are frequently aborted. I wish I could adequately express to you some of the comfort and pleasure given to patients, when thus dressed, as compared with the sensations and results from other treatment which they had previously undergone. We should, I think, seek for the *jucunde* in our treatment as well as the *cito* and *certo*; and from no small experience I can say that this treatment acts quite as quickly and surely as it does pleasantly.

2. *Carbunculus*. As a carbuncle is in reality but a large boil, or a conglomeration of boils (with, of course, certain anatomical differences), the local treatment with me has been much the same as that just described. Both early and late in the disease I have put on an ointment like the above, thickly spread on cotton, and fastened at the ends with strips of adhesive plaster. Not only on the back of the neck but also on the face, and elsewhere, this dressing proves most comfortable and serviceable, and I have not had occasion to incise a carbuncle since November, 1882, nearly fifteen years ago; the last patient incised

died from this and other complications, but there has not been a single case with such result in my practice since I have applied this treatment to some large and formidable carbuncles, and have always, thus far, found that the pus would find exit rapidly enough, and the healing progress satisfactorily with this dressing. Occasionally it is necessary to aid in its expulsion by very slight squeezing, or by removal of sloughs with the forceps. On some occasions febrile and other symptoms have seemed to call for more active interference with the knife; but, although urged to it in consultation, I have adhered to this plan of treatment without incision and have obtained results which warranted its continued employment. From my previous experience with cutting, and from cases thus treated by others, I believe that the method suggested has the preference, both as to time occupied and final results; whereas on the point of pain and general comfort of the treatment it is far superior.

I am quite prepared to admit, however, that possibly from neglect or other cause, a very large suppurating carbunculous area might be formed which would demand very active surgical procedure, such as curetting or even excision, with antiseptic dressing; but under the treatment outlined this has never occurred. I may also add that Sir James Paget, in his "Clinical Lectures and Essays," discountenances strongly the practice of incision.

3. *Felon*. It will no doubt excite surprise and criticism when I urge somewhat the same line of treatment for the various degrees of inflammation about the ends of the fingers, which are known as paronychia, whitlow and felon: but having treated a very considerable number of cases in this manner during the last fifteen or twenty years, I am prepared to advocate it strongly. The cases referred to include not only those of superficial character, about the nail, but also those very deep seated, on the

pulp of the finger, even when there had already been sleepless nights from the deep seated throbbing.

The ointment used here has always been the diachylon, or litharge ointment, prepared according to the formula of Hebra. This particular preparation of ointment I consider to be important, for I have not found such good results from that made by melting the diachylon plaster with oil or vaseline, as more recently proposed.

The diachylon ointment of Hebra is prepared as follows:

*R.*—Olei olivarum optimi,  $\xi$  xv.  
Plumbi oxidi,  $\xi$  iij +  $\mathfrak{z}$  vj.  
Olei lavandulæ,  $\mathfrak{z}$  ij.

*M.*—Add the oil to two pounds of water with constant stirring: the litharge is to be slowly sifted in while it is well stirred, fresh water being added as required. The ointment is to be stirred until cold and the lavender added. In winter a slightly larger quantity of oil is required to make a soft ointment.

When properly made (and this is difficult to secure) this ointment is of a soft buttery consistency, and quite sticky. The affected finger is to be plunged into the jar and a considerable quantity taken up, completely enveloping the first joint, to a thickness of a quarter of an inch or more. Over this are placed layers of absorbent cotton and the whole loosely bound; sometimes it is more agreeable to spread the ointment on the cotton. It is generally desirable to renew the dressing about twice daily, but this is done with as little disturbance to the finger as possible, the old ointment being hardly disturbed, unless there is pus discharged.

I cannot fully explain the benefit obtained by this dressing, but time and again I have seen the greatest relief, even after sleepless nights had been passed, and for many years I have prescribed this treatment with the



greatest satisfaction and confidence. When applied early and in milder cases, resolution takes place and no pus appears. But in those cases which are seen later, or which are more severe, pus may form, and readily reaches the surface, and is either discharged spontaneously or by means of a painless prick through the dead skin. I have never had occasion to make the well known deep incision, even in certain cases where it seemed at first that this would be required. Repeatedly I have been surprised at the ease with which the pus has reached the surface: as remarked before, when it was necessary to aid its exit this was done with a very superficial prick, entirely painless, and I have never seen any scar resulting.

It is quite possible that the most severe cases have not come under my observation, and I can quite agree that when pus has formed deep in the tissues and is burrowing under the tight fibrous bands which cross the tendons, a free surgical opening may be called for. But if taken reasonably early, and the treatment, internal and external, intelligently carried out, I believe that in the very large proportion of the cases the course will be such as I have before described.

This completes what I have to say in regard to the very simple and easy local treatment which I have long used in these three conditions, to the great satisfaction of my patients and myself. But I must repeat what I said earlier in the paper, namely, that I place *the greatest value* in the internal and general treatment of the patient, and recommend the local measures only in connection with the same, carried out in the fullest and most intelligent manner, on the lines previously described.

.4 East 37th Street.

From the author

Address

ON

# SOME RELATIONSHIPS OF INDIGESTION

*Being the First Hunterian Society's Lecture for the Session  
1897-98, delivered on Oct. 13th, 1897*

BY

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